

SIERRA COUNTY

DEPARTMENT OF PLANNING AND BUILDING

P.O BOX 530 Downieville, California 95936

(530) 289-3251 FAX (530) 289-2828

DEPARTMENT OF ENVIRONMENTAL HEALTH

P.O. BOX 7

Loyalton, California 96118 (530) 993-6716 FAX (530) 993-6790 envhealth@sierracounty.ca.gov

FORM NUMBER

ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) PERMIT APPLICATION

To be completed by Owner or Authorized Agent Assessor Parcel Number: ______ Lot Size _____ Value (to include all labor & materials) _____ **PROJECT LOCATION:** Property Address (street address):_____ Type Premise: Residential Commercial or other (specify) Total Number: Bedrooms _____ Baths ____ Water Supply: Public (Name) or Private (type): Well Spring Surface Other PROPERTY OWNER INFORMATION: Property Owner's Name: Phone #: Mailing Address: Email Address: OWTS Repair SCOPE OF WORK: New OWTS Septic Tank Abandonment DO NOT FILL IN RED SECTION – HEALTH DEPT. USE ONLY Percolation Test Yes _____ No ____ Results ____min/in Date Performed by: Septic Tank: Size _____Gals. Material Septic Tank Distance from Well ______Feet Sewage Disposal System: Distance from Well Feet Distance from Water Sources Feet Length Each Line Feet Distance from Lot Line Distribution Box Yes ____ No ____ Total Length of Leach Lines Feet Feet Depth of Gravel Beneath Leach Pipe Over Width of Trench Feet Depth of Trench Note: All Leach Lines must be installed level. Leach Gravel must be Graded ¾ to 2 ½ inches and washed. HEALTH DEPARTMENT APPROVAL IS NOT A GUARANTEE THAT THE PROPOSED INSTALLATION WILL OPERATE SUCCESSFULLY BUT ONLY THAT THE SYSTEM MEETS THE MINIMUM REQUIREMENTS OF THE HEALTH DEPARTMENT. Health Department OWTS Application Number # R.E.H.S. Date Final Inspection by: _______ R.E.H.S. Date ______ Building Permit No. Date IDENTIFY PERMIT HOLDER OF RECORD This permit is to be issued in the name of the LICENSED CONTRACTOR or the PROPERTY OWNER as the permit holder of record who will be

responsible and liable for the construction. (HSC. 19825, and BPC 7000 ct seq.)

Permit Holder's Name:

E-Mail:

Mailing Address:

Phone #:

IDENTIFY THE CONSTRUCTION LENDING AGENCY			
		agency for the performance of the work for which this permit is	
	Lender's Name:		
	INFERTION WITH MALE PROPERTY OF THE WORLD (C. I. J. 4.19. (DB))		
	IDENTIFY WHO WILL PERFORM THE WORK (Complete either "A" or "B") (A) - CALIFORNIA LICENSED CONTRACTOR DECLARATION		
	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Profession Code and my license is in full force and effect.		
	State of California Contractor's License Number: Class:	Expiration Date:	
	Installed by/Name: Mailing Address: E-Mail:		
	ntractor or ** Authorized Agent's Signature Requires Proof of Authorization from Contractor	Print	
·			
(B) - <u>OWNER-BUILDER DECLARATION</u> (Must fill out separate "Owner-Builder Notice & Certification" form BD-03)			
	I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the follow placed next to the applicable items(s) (ref. Sec. 19825 (a), Health and Safety Code: "Every city, county, or city a issuance of a permit as a condition precedent to the construction, alteration, improvement, demolition, or repair of permit application, in substantially the same form set forth under this subdivision, and require any individual who documentation sufficient to identify the property owner and, as necessary, verify the signature of the property owner information on the permit application"). [HSC 19825 (a)]	nd county, whether general law or chartered, that requires the of any building or structure, shall require the execution of a o executes the Owner-Builder Declaration to present	
	Please check all that apply for the following:		
	I, as owner of the property, or my employees with wages as their sole compensation will do ALL OF or PORTIONS OF the work, and the structure is not intended or offered for sale. (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property, which, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale).		
	I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a licensed contractor pursuant to the Contractors' State License Law).		
	I am exempt from licensure under the Contractors' State License law for the following reason: By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an Owner-Builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following web site: http://leginfo.legislature.ca.gov/faces/codes.xhtml		
	Property Owner* or **Authorized Agent's Signature:	Date:	
		THON	
IDENTIFY WORKERS' COMPENSATION WARNING: Failure to secure workers' compensation coverage is unlawful, and can subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000.00), in addition to the cost of compensation and damages as provided for in Section 3706 of the Labor Code, plus interest and attorney's fees.			
	I hereby affirm under penalty of perjury one of the following declarations:		
	I have and will maintain a certificate of consent to self-insure for workers' compensation, issued. Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. I have and will maintain workers' compensation insurance, as required by Section 3700 of the permit is issued. My workers' compensation insurance carrier and policy number are: Insurance Carrier: Policy Number:	Policy #:	
	I certify that in the performance of the work for which this permit is issued, I shall not employ workers' compensation laws of California; and agree that, if I should become subject to the worker shall forthwith comply with those provisions.	any person in any manner so as to become subject to the	
	Contractor, *Property Owner, or **Authorized Agent's Signature:	Date:	
APPLICANT'S DECLARATION			
	By my signature below, I certify to each of the following: I am a California licensed contracto property owner* or authorized to act on the property owner's behalf.**	or or authorized agent for a California licensed contractor or	
	I have read this permit application and the information I have provided is true and correct. I agree to comply with all applicable county ordinances and state laws relating		
	to building construction. I authorize representatives of Sierra County to enter upon the above-identified property for inspection purposes [HSC 19825 (a)].		
	Applicant's Signature: Print:	Date:	